



Plan Highlights

No yearly deductibles!

Just your co-payment up front with no paperwork for medical and prescription expenses!

New extended customer service hours for faster service.

8:30 am – 12 am

Monday – Friday

Blue Cross of California offers you our Personal Prudent Buyer® Co-Pay Plan. It covers your medical and prescription expenses from your initial visit so you never have to pay a deductible. Our Personal Prudent Buyer Co-Pay plan offers you **more freedom than an HMO in choosing doctors, hospitals, and other medical providers.** It provides comprehensive health care coverage that's convenient and in tune with your needs, such as:

- **No annual deductible!**
- **Extensive Prudent Buyer network** of two out of every three California doctors and over half of the hospitals in the state.
- **\$25 office visit** co-payment in-network
- **Prescription drug coverage** including pharmacy and mail order service—with no deductible.
- **30–60% savings** when you use our Prudent Buyer providers.
- **No claim forms** with Prudent Buyer doctors.
- **Out-of-pocket expenses** in-network:
 - \$2,500 per subscriber
 - \$4,000 per family
- **\$75,000 annual maximum** for benefits paid.
- **\$750,000 lifetime maximum** for benefits paid.

The Personal Prudent Buyer Co-Pay Plan includes the **Blue Cross Prescription Drug Program** with these important features:

- **No annual drug deductible!**
- **Lower cost:** Blue Cross has negotiated discounts with almost 90% of California retail pharmacies, including all of the major chain drugstores. You may choose any pharmacy, but costs are much lower if you stay in the network.
- **Service:** Network pharmacies are supported by an on-line electronic network and will collect your co-payment when you pick up your prescription. **No claim forms to file!**
- **High value mail order program:** For many maintenance drugs, you can order up to a 60-day supply. There are no claim forms and **only a \$10 co-payment** per generic prescription.

Advantages of Plan Providers

Access to one of the largest provider networks in California

The Blue Cross Prudent Buyer Preferred Provider Organization (PPO) gives you access to quality care through our network of physicians, hospitals and selected ambulatory surgical centers, infusion therapy, and durable medical equipment providers. Using network providers ensures maximum subscriber savings.

Benefits are still available outside the Prudent Buyer Network

You can go outside the network and still receive benefits. You will pay a much greater share of the cost when you use a non-participating provider as you will be responsible for a larger co-payment and any charges which exceed the fee schedule.

Blue Cross contracts with most hospitals in California. However, benefits are not provided for care furnished by the few hospitals without any Blue Cross agreement except in a medical emergency.

How the Plan Works

Quality Medical Service at Discounted Rates

Blue Cross has found a way to control escalating medical expenses for subscribers. We have negotiated discounted rates with a network of physicians and hospitals across the state. These providers form the Prudent Buyer Network. They give Blue Cross subscribers a discount for care.

First-dollar payment for medical and prescription expenses

With no deductibles, subscribers pay only a \$25 co-payment for office visits to the participating doctor of their choice. Blue Cross pays the rest. For most other in-network services, Blue Cross pays 75% of the discounted rate. Once you reach your maximum annual out-of-pocket expenses, Blue Cross pays 100% of the cost for in-network covered services for the rest of the year.

Blue Cross has been helping Californians get healthy and stay healthy for over 60 years.

Important Information

If you would like more information prior to enrollment, please call (800) 289-6574.

Please note that the information presented here is only a summary. The Blue Cross Plan for MRMIP is subject to various limitations, exclusions and conditions, as fully described in the Evidence of Coverage. For exact terms and conditions of coverage, you should refer to the Evidence of Coverage booklet.

Blue Cross of California is an Independent Licensee of the Blue Cross Association. ® Registered mark of the Blue Cross Association. ® Registered mark of WellPoint Health Networks Inc.

Blue Cross of California

Benefit Summary

<i>Type of Service</i>	<i>Description of Service</i>	<i>Prudent Buyer Provider</i>	<i>What You Pay Non-Prudent Buyer Provider</i>
Calendar Year Deductible	There is no deductible	0	0
Co-payment	Member's out-of-pocket expense when using a Prudent Buyer Plan physician or hospital	See Below	See Below
Out-Of-Pocket Maximum	Member's annual maximum out-of-pocket expense when using a Prudent Buyer physician or hospital	\$2,500 per member \$4,000 per family If non-Prudent Buyer Plan providers are used, billed charges which exceed the negotiated amount are the subscriber's responsibility and do not apply to the maximum out-of-pocket expense	
Annual Benefit Maximum	The plan pays up to \$75,000 of covered expenses per calendar year per member	You must pay for all services received after Blue Cross pays \$75,000 in one calendar year for a member	
Lifetime Benefit Maximum	The plan pays up to \$750,000 of covered expenses per lifetime of each member	You must pay for all services received after Blue Cross pays \$750,000 in a lifetime for a member	
Hospital Services	Inpatient medical services (semi-private room); outpatient services; ambulatory surgical centers	25% of the Prudent Buyer Plan negotiated fee rate	All charges except for \$380 per day for hospital services (No benefits are provided in a non-contracting hospital except in the case of a medical emergency)
Physician Office Visits	Services of a physician for medically necessary services	\$25 office visit	50% of negotiated fee schedule and all charges which exceed the fee schedule
Inpatient Professional Services	Services of a physician for medically necessary services as an inpatient in a hospital	25% of the Prudent Buyer Plan negotiated rate	50% of negotiated fee schedule and all charges which exceed the fee schedule
Diagnostic X-Ray and Lab Tests	Outpatient diagnostic x-ray and laboratory services	25% of the Prudent Buyer Plan negotiated rate	50% of negotiated fee schedule and all charges which exceed the fee schedule
Prescription Drugs	Maximum 30 day supply per prescription when filled at a participating pharmacy 60 day supply for mail order	20% for generic drug 30% for brand drug \$10 co-pay (generic) \$20 co-pay (brand)	50% of drug limited fee schedule
Durable Medical Equipment	Must be certified by a physician and required for care of an illness or injury	25% of the Prudent Buyer Plan negotiated rate	50% of negotiated fee schedule and all charges which exceed the fee schedule
Maternity Care	Inpatient normal delivery and complications of pregnancy Outpatient pregnancy services and well child care	25% of the Prudent Buyer Plan negotiated rate 25% of the Prudent Buyer Plan negotiated rate for other professional services	All charges except for \$380 per day for hospital services 50% of negotiated fee schedule and all charges which exceed the fee schedule
Ambulance	Ground or air ambulance to or from a hospital for medically necessary services	25% of the Prudent Buyer Plan negotiated rate	50% of negotiated fee schedule and all charges which exceed the fee schedule
Emergency Care	Initial treatment of an acute serious illness or accidental injury. Includes hospital, professional and supplies. Non-emergency use of emergency room	25% of the Prudent Buyer Plan negotiated rate Not covered—100% of all charges payable by subscriber	All charges except for \$380 per day for hospital services unless special circumstances apply
Mental Health Care	Inpatient nervous and mental services (excluding chemical dependency) 10 days each calendar year* Outpatient nervous and mental visits (except for chemical dependency) 15 visits each calendar year*	25% of the Prudent Buyer Plan negotiated fee rate and all costs for stays over 10 days 25% of the Prudent Buyer Plan negotiated rate for 15 visits per year. All costs for over 15 visits	All charges except for \$175 per day up to 10 days. In addition, all costs for stays over 10 days 50% of negotiated fee schedule. In addition, all costs for over 15 visits
Home Health Services	Home health, respite and hospice care	Not covered unless Blue Cross recommends as a medically appropriate more cost-effective alternative plan of treatment	
Skilled Nursing Care	Skilled nursing, respite and hospice care	Not covered unless Blue Cross recommends as a medically appropriate more cost-effective alternative plan of treatment	
Infusion Therapy	Therapeutic use of drugs, or other substances ordered by a physician and administered by a qualified provider	25% of the Prudent Buyer Plan negotiated rate	You pay all charges in excess of \$50 per day for all infusion therapy related administrative and professional services. You pay all charges in excess of the average wholesale price for all infusion therapy drugs and any charges in excess of the maximum per day indicated below. The combined maximum payment we will make for all Infusion Therapy services (administrative, professional & drugs) will not exceed \$500 per day.
Occupational/Physical/ Speech Therapy	Services of occupational therapists, physical therapists and speech therapists for short term therapy of acute conditions on an outpatient basis.	25% of the Prudent Buyer Plan negotiated rate	You pay all charges except for \$25 per visit
Chiropractic	No benefits	100% of all charges payable by subscriber	

*Except for severe mental illnesses, including serious emotional disturbances in children.